

ALTERNATIVE EDUCATION Waiver Application Review Form

Direct questions regarding this form
to (517) 241-1162.

FAX Number: (517) 335-2886.

State Department Use Only

Review by: _____

Date: _____

Recommend: Yes _____ No _____

Fiscal Year 2008-2009

District Name: _____ District Number: _____

Contact Person: _____ Phone: _____

E-Mail: _____ Building Number: _____

Alternative Ed Program Name: _____ Fax Number: _____

The Application -

- 1) State the number of hours the program will operate. Hours: _____
- 2) How does the granting of this waiver enhance the education of the students?
- 3) Describe the alternative education program.
- 4) How do you ensure that an educational opportunity exists for students in the program?
- 5) Comments